Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, VA 23233
(804) 367-8506 or 367-8512
www.dpor.virginia.gov



Board for Architects, Professional Engineers, Land Surveyors,
Certified Interior Designers and Landscape Architects
FNGINEER VERIFICATION OF EXAMINATION & LICENSURE FORM

| Name of board providing verification | LINGIN | LLK VEKII ICATK | JN OI LAAMINA | HON & LICENSON | L I OKW |
|--|---------------------------|-------------------------------|-----------------------------|--------------------------------|--------------|
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| | | | | | |
| Applicant's Name | | | | | |
| Last | # | First | Mido | lle | Generation |
| Applicant's Social Security Number or \ * State law requires every applicant for a license | , certificate, registrati | on or other authorization to | engage in a business, trade | e, profession or occupation is | ssued by the |
| Commonwealth to provide a social security num Applicant's Street Address | nber or a control num | ber issued by the Virginia De | epartment of Motor Vehicle | S. | |
| City, State, Zip Code | | | | | |
| I. EXAMINATION | | | | | |
| The written examination was prepared | ared by: | | | | |
| _ ' ' | • | grade adjustments | | | |
| Board | | | | | |
| Type of Examination | Type of Examination Hours | | Exam D | Exam Date | |
| Engineer-in-Training | | | | | |
| Professional Engineer | | | | | |
| Exam Option: | | | | | |
| II. LICENSURE, CERTIFICATION or F | | | | | |
| The above-named applicant holds | —— <u> </u> | ense, certificate or r | egistration: Date Issued | Expiration Data | |
| Type of License Engineer-in-Training | | ense number | Date Issueu | Expiration Date | |
| Professional Engineer | | | | | |
| The applicant qualified for licensur | e, certification of | or registration through | h: | | |
| Written Exam | | | | | |
| Comity or Reciprocity PE Stat | Δ | Any disciplinary act | ions? | | |
| EIT Stat | - | Yes \square | If ves, attach document | tation of findings, sanction | ıs, etc. |
| Other Exp | - | . – | y , | | |
| Verifier's Name | | | | Date | |
| Title | | | | | |
| Signature | | | | Apply board sea | al here |